California School for the Blind Family Workshop Application Form

Section 1- Please Select the Workshop You Will Attend	
February 24, 2018 - 9:00am-1:30pm Northern California- California School for the Blind 500 Walnut Ave. Fremont, CA 94536	
March 17, 2018 - Southern California 3044 Horace St, Riv	California School for the Deaf-Riverside verside, CA 92506
Section 2 – General init	<u>orniauon</u>
Number of participants (Ma	ximum of 3 including student)
Parent/Guardian's Name(s):
	ng): Age:
Special adaptations or needs we should be aware of to assist for participation in all possible aspects of the program experience. (i.e. issues w/ endurance, walking, need for breaks during physical activities)	
Section 3 – Medical	
Any allergies? Yes No If yes, please list:	
Special dietary needs?	
Section 4 – Lunch	
unch will be provided on 1 meal per participant)	this day. Please indicate the number of meals on the lines below:
Number of non-vegetaria	n Number of vegetarian
Please note: CSB is a pea	nut free campus. Please do not bring any products containing peanuts.
Application/Survey Dea	<u>idline</u>
Please return the application	n by mail or e-mail:
Friday, February 9th, 2018	
	ey Colley
	ornia School for the Blind Valnut Avenue, Fremont, CA 94536
Questions or comments? Please contact Stacey Colley or Katie Smith:	

Stacey Colley: 510-936-5568 or scolley@csb-cde.ca.gov Katie Smith: 510-936-5566 or ksmith@csb-cde.ca.gov